

# DCFS Weekly Update From the State Office

Friday, January 5, 2001

## From My Perspective

*By Ken Patterson*

Thanks to all those who participated (or should I say endured) in the statewide videoconference today. I hope the content was helpful. We appreciated all the questions and comments that were received. Next week we will have some type of brief electronic survey out, to get your reaction to the content and format of the conference. We are interested in hearing if we should try this again in the future. Speaking of surveys...

I made another mistake recently and it could affect your short-term working relationship with your colleagues from the Child Protection Division of the Attorney General's (AG's) Office. I slipped when I had an opportunity to improve a partnership and demonstrate teaming. As you know, yesterday Mark Shurtleff was sworn in as Utah's new Attorney General, so the AG's are experiencing a leadership change that all organizations get from time to time. DCFS, as a client of the Attorney General's Office, was asked to provide feedback on how we were being served. I asked Abel Ortiz to develop a brief questionnaire for the Region Directors to use in the process. I should have given the current Child Protection Division staff a "heads up" that we were sending the survey to the Region Directors, but I did not. The survey tool found its way to the AG's office and some offense was taken by the manner in which some of the questions were asked. Some of them may have felt blind-sided to learn that we were providing customer feedback.

I have since offered to withdraw the format we used and have David Carlson develop a new questionnaire. I want you to be aware of this if any of the AG's bring it up in your interactions with them. As I explained, DCFS gets external evaluation constantly; Court Monitor, Qualitative Review, Case Process Review, OCPO reports, Foster Care Citizen reviews, and so forth.

We have learned to improve our practices through this feedback, but the evaluation process can still cause nervous nausea. Be aware that with an organizational change and this survey both going on, the AG's need good partnering over the next couple of weeks.

## Dr. Frost's Departure Leaves DCFS Chilly

Dr. Caren Frost has accepted a Child Welfare Research position at the University of Utah, Graduate School of Social Work, Social Research Institute (SRI). Caren has been a member of the DCFS Administrative team since June of 1998. Caren was a key player in helping DCFS move from the old settlement agreement into the Performance Milestone Plan. She has been responsible for coordinating implementation of the Performance Milestone Plan, managing communication and progress reporting to the Child Welfare Policy and Practice Group, and a host of other projects in the state office. Caren will be sorely missed.

Caren's departure is only slightly bearable because of the strong partnership that we enjoy with the Graduate School of Social Work and SRI. We anticipate working

frequently with Caren in new and ongoing Child Welfare Projects in her new capacity. Good Luck, Caren!

## Strength-Based Assessment

*By Richard Anderson*

A mother and her 14-year-old son were talking about his very first girlfriend.

"What does she like about you?" asked the mother.

"That's easy," he said. "She thinks I'm handsome, fun, smart, talented, and a good dancer."

"What do you like about her?"

"That she thinks I'm handsome, fun, smart, talented, and a good dancer."

This little dialogue comes from a book entitled, "How to Get People to Do Things," by Robert Conklin. I read this many years ago. A note from the book fell out of a bunch of papers I was sorting through over the holidays. The note contained this dialogue. I don't remember much else about the book except that it made clear that if we want to be change agents, we have to recognize the strengths people have and build from there. I fear that many people believe that strength-based practice means that we leave out the needs and struggles that children and families go through. Not so! It provides for balance and more realistic responses.

I noticed the other day that my favorite bonsai needed to be turned around. For some reason, it keeps growing toward the sunshine.

## Using MI706 Funds for Health Care Needs of Foster Children

*By Cosette Mills, Federal Revenue Manager*

### Background

The MI706 process (known as the Custody Medical Care Program at the Department of Health) was established to ensure that children in DCFS custody who are not or have not been determined eligible for Medicaid are able to obtain necessary health care services without delay.

The program is designed to process costs through the Medicaid system, when possible, and to pay outside health care providers for services for qualified children when funding cannot come from Medicaid. The funding pays for costs in three categories:

- (a) Medicaid covered services for foster children who are not eligible or who have not been determined eligible for Medicaid,
- (b) Services not covered by Medicaid regardless of the foster child's Medicaid eligibility, and
- (c) Services provided by non-Medicaid providers regardless of the foster child's Medicaid eligibility.

Of course, financially speaking, [it's best when medical services for foster children can be obtained through Medicaid](#). (When services are covered through Medicaid, the

Federal government pays approximately 71% of the costs of service, with state funds paying the remaining 29%.) In most cases, when Medicaid doesn't cover the care, all of the costs are paid with state funds.

The MI706 fund will only pay after all other sources have been exhausted. A child's private insurance, client trust account monies, and Medicaid must be utilized first.

## Getting Authorization for the MI706

Authorization for use of MI706 funds can come at three different points in time:

- First, when a child enters foster care, a DCFS eligibility worker will check PACMIS to determine if the child is currently open for Medicaid. If the child is not currently open for Medicaid, the eligibility worker will issue an MI706, usually for a one-month period of time to enable the child's health care needs to be met during the period prior to Medicaid eligibility being established.

Once eligibility is determined, if the child is Medicaid eligible, any costs that were originally paid through the MI706 will be reprocessed and paid by Medicaid, if allowable. DCFS will be credited for any costs recouped through Medicaid.

If a child cannot qualify for Medicaid (such as an undocumented alien), the eligibility worker will continue to authorize MI706 coverage to pay for the child's medical care while the child is in state custody. These children are usually open for a six-month period of time to allow for research on alien status.

- Second, if a foster child needs services that aren't normally covered by Medicaid, the caseworker needs to request an MI706 from the regional health care coordinator in advance. The health care coordinator will first research to see if there is any way to get coverage through Medicaid or another source. Sometimes these services can be funded through a special Medicaid program called EPSDT. If Medicaid or another source cannot cover the costs, the nurse will prepare an MI706 to authorize payment for the services.

In addition, if a child is on a trial home placement and the foster care Medicaid case was closed, the caseworker needs to request an MI706 from the regional health care coordinator to cover each specific medical need not covered through another Medicaid program, CHIP, or the family's health insurance. ***It's very important that caseworkers work with the family to ensure that the child's health care needs can be met at home, including when the child is on a trial home placement. The reunification plan should require the family to apply for Medicaid or CHIP if health insurance is not available.***

The Region Director will have to approve the MI706 form for any services that will cost over \$500.

- Third, occasionally, a foster child will receive services not covered by Medicaid without a request first going to the regional health care staff. In addition, sometimes a foster child will be taken to a non-Medicaid provider or a provider outside of the child's Medicaid HMO by a foster parent or caseworker. *Both of*

*these situations unnecessarily cost the Division additional state funds.* Because of this, when a child receives non-Medicaid services that were not prior authorized through the regional health care coordinator or when a child is taken to a non-Medicaid provider, the caseworker is responsible to complete the MI706 request form and must get authorization for payment from the Region Director.

It's important that **all** foster child medical costs being processed through DCFS be charged to the MI706 funding account, when not paid directly by Medicaid. DOH makes every effort to negotiate with providers for a reduced rate or for HMO coverage when out of plan, even for non-covered services. In some offices, it has been the practice to charge these costs to a miscellaneous special-needs code. *This practice should **immediately be stopped** because it may result in lost funds for the Division.*

If you have further questions about the MI706 process, please talk with your regional health care coordinator or eligibility worker.

## To Make Your Life Easier...Using SAFE Optimally

*By Robert Lewis*

### Using System Unknowns for CPS Intake

Another place where some of us are creating extra work is by not using "System Unknowns" in CPS Intake. Some of us continue to invent dummy records for unknown persons each time we do not know the name of an alleged victim or perpetrator. Not only is this **the hard way** for us to record such a person, but it makes things harder later on for a CPS worker to clean up the case and get the person records right.

SAFE provides an easier way for Intake workers to enter unknown persons on a referral. When a referent calls in and does not know the name of a victim or perpetrator, the Intake worker should always use the "System Unknown" function to list these unknown persons in the Referral. Here are the steps to select System Unknowns.

1. On the Person tab of the Referral window, do a Right Mouse Button click (RMB). The system will display a menu list with the option to Insert Unknown Person.
2. Click on the option and the system will display a list of Unknown Person options to select from. Upon selecting the desired Unknown Person, the system will add the selected Unknown Person to the Referral. (That's all you have to do—no making the person known to SAFE, no need to fake an address, etc., etc.)
3. If you know a little bit about the person or persons that the Unknown Person record represents, include that information in the referral narrative. Also, a single Unknown Person entry by Intake can suffice for multiple persons if explained in the narrative.

Using the System Unknown capability in SAFE will make life much easier for Intake workers, CPS staff who have to finish the case, and the database maintenance professionals who are constantly merging and deleting dummy person records with the word "unknown" somewhere in the name.